

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10726348  
APPLICANT(S) \_\_\_\_\_

FILED DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5						
6						
7						
8						
9						
10		3				
11	1					
12	1					
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21		3				
22	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	23					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						